

North Dakota Interagency Coordinating Council  
Program and Services Subcommittee Meeting  
April 19, 2007

In attendance: Ramona Gunderson, Steve Olson, Linda Heinrich, Roxane Romanick, Jim Carter, Keith Gustafson, Arlene de la Paz, Jill Staudinger, Missi Baranko, Deb Balsdon, Suzy Heise

Supporting Natural Learning Opportunities within Daily Routines through the Use of a Primary Service Provider and Trans-disciplinary Models:

Deb Balsdon reported on the training that was held last February by Dr. Robin McWilliam. He is currently the Director of Center for Child Development at Vanderbilt and a Division Chief in the Vanderbilt University School of Medicine. Vanderbilt is located in Nashville, TN. The majority of the state's Early Intervention staff was present for this training. Dr. McWilliam was brought in to train staff on conducting Routine-Based Assessments and Interventions, as well as to train staff on the primary services provider model. His theories are based on the research that indicates that young children learn best when engaging in practice through play, extended over many practice opportunities throughout their regular activities in the day.

Issues that were discussed amongst the subcommittee members included the following:

- Differences in philosophy between the medical model of service delivery and a routines-based approach. These differences involve issues like role release, what constitutes "more" service, issues relating to a trans-disciplinary model, etc.
- The issue of IFSP justification relating to services not provided in a "natural environment" – the field needs guidance on this from the state office.
- The use of this justification in determining approval for medically based services by Medicaid and other primary insurance companies.
- The impact of the issue of services in the "natural environment" on OSEP data collection requirements.
- The need for Early Intervention to clarify for the public and families what service they are providing. Some members felt that even the title of someone working in EI should be clarified.
- There are many training needs in the field – such as training on adult learning styles, providing assistance without being "hands on", providing field supervision for services of this type, training at the pre-service and in-service level.
- We need to clearly understand the ramifications of any decisions on families and collaborative partnerships, as well on special populations such as hospitalized infants or institutionalized infants and toddlers.

It was decided to address these varied issues through a specific work group/task force dedicated to this topic that will then report back to this subcommittee. Suggestions for needed membership included: direct service providers such as DDCM and Infant Development staff, community clinicians providing services outside of the EI network, physician, representatives from Medicaid and primary insurance, family partners, higher education representative, representation from various professional associations.

Volunteers from the subcommittee included: Steve Olson, Jill Staudinger, Missi Baranko, and Ramona Gunderson. Other suggested partners: Dr. Heidi Goldstein, Mary Kay Flemmer.

### Family Support Programs:

The current Medicaid waivers that support individuals who qualify for MR-DD services are up for renewal in April, 2009. The state office is trying to align procedure and protocol with the waiver language. This means that changes are being made to the Family Support guidelines, including Family Subsidy. These changes are being developed to try and get more consistent applications across regions and to provide more guidance for DD Case Management. Deb is needing "consumer input" on document. Please get any names to her by Thursday, April 26<sup>th</sup>.

### Competencies:

Deb reported that the state had a Part C contract with a number of entities to develop the core competencies, such as skills needed to evaluate and assess, provide service coordination, conduct and write IFSP's, deliver ongoing services, provide consultation, provide supervision, etc. The next step is take utilize this work that has been done and develop a process for implementation. Deb noted that an attempt at this occurred several years ago, but the administrative process became too complex so it did not move forward.

Issues that need to be addressed in designing a process include:

- Development of a timeline
- Addressing the issue of "grandfathering"
- Need to consider professional discipline requirements as well as EI credential.
- Need for both coordination at a pre-service and an in-service level.

It was decided to address these various issues relating to a North Dakota Early Intervention Competency system through an assigned task force/work group that will be responding to this subcommittee. Volunteers from the subcommittee included: Keith Gustafson, Linda Heinrich, Jill Staudinger. It was suggested that we request Kristen Votava to be involved. Additional members including family members will need to be recruited.

### Transition Guidelines

Keith Gustafson made a formal statement as a director of both infant development services and special education: We are very appreciative of Deb and Nancy's work to make the efforts to address the barriers and obstacles related to transition.

Plans are in place to meet with all the regions as a follow-up. The subcommittee members felt that this was critical and that long-term relationships need to be forged.

Questions/concerns raised:

- What feedback are we getting from families on the helpfulness of the guidelines?

- What barriers have arisen regarding implementation?
- Are there differences from region to region on re-determination for DD eligibility?

### Part C Accountability

Part C regulations have been drafted but are not out for public comment as of yet.

Deb reported that the state office is considering tying a region's determination to licensing. This change would require a change in administrative code. There will be public reporting of the first year's state determination on the first eight indicators.

The case review process was reviewed with the subcommittee. The last reviews have focused on older cases, so there continues to be compliance issues since staff had not implemented training that they had received. There does appear to be a strong percentage of agreement between the cases reviewed TAT and local programs.

### Waiver for children who are Medically Fragile / Medicaid buy-in

Deb updated the committee on the legislation for the medically fragile waiver and the Medicaid Buy-in program. The waiver will be for children over age 3 years of age. There will be 15 slots available in the state and children will need to meet the nursing home level of care. The Medicaid Buy-in program will make if possible for families who have children that will meet the SSI guidelines for disability to pay a premium so that their child is covered by Medicaid.

There will be 1 state level FTE to administer these programs. This person will serve as the central Intake and provide coordination of care.

### Upcoming Training Opportunities:

Training on the ED guidelines  
 Family Connections Conference – June, 2007  
 Review of Fall Conference Ideas in October  
 Training with Robin McWilliam – October 2, 2007

### Next meeting scheduled for subcommittee

August 16 from 10-4:30 pm